		EXPENSE CLAIM				ment Oi		se Side			Ра	ge .	1	OT	<u> </u>		
STD 262 (REV 6/93) (DHS Electronic) CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER* DEPAR						MENT				
John C. Duncan						Indu						strial Relations					
POSITION 400 102 0472 001				CB/ID NUMBER		DIVISION OR BUREAU							INDEX NUMBER				
400-102-9472-001 RESIDENCE ADDRESS				L		Director's Office						TELEPHONE NUMBER					
						455 Golden Gate Avenue, 10th l					F1.						
CITY					ZIP CODE		San Francisco.						STATE		CODE		
771 107 10	THIYEAR		CA	(6)	WEALS	San				TOAK	SPURTAT	II VA	CA_		102		
5	2010	(3)	(4)	(5)	WEALS	O.T., L/T, (6) (7)			(B)		(C)		(D)	(8)	(9)		
	2010	LOCATION WHERE EXPENSES	LODGING	BREAK-		N/C, RELO. OR	INCIDEN-	COST OF	TYPE		RFARE OLLS	PRIVATE	CAR USE	BUSINESS EXPENSE	· TOTAL EXPENSES		
(2) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	IALS		USED		RKING		AMOUNT	EXPENSE	FOR DAY		
4	0700	Tiburon to Sacramento;							PC	Р	12.00						
	1900	return								Т	4.00	184	92.00		108.00		
10		Tiburon to Sacramento;							PC-	P	20.00						
	1900	return								_ <u>T</u> _	4.00	184	92.00		116.00		
11		Tiburon to Sacramento;		}					PC	P	20.00				440.00		
		return			ļ					T	4.00	184	92.00		116.00		
12		Tiburon to Sacramento;							PC	P	20.00	404	00.00		116.00		
		return	-		· ·					. Т Р	4.00 12.00	184	92.00	<u> </u>	116.00		
13		Tiburon to Sacramento; return							PC	T	4.00	184	92.00		108.00		
-	1900	return				ļ			PC	P	32.00	104	92.00		100.00		
17	2130	Tiburon to Sacramento	95.38			17.85			FU	<u></u>	4.00	92	46.00		195.23		
	0630		33.30	·	· · · · ·	17.05	ļ		PC	'	10.00		40.00		100.20		
18	1900	Sacramento to Tiburon						-		Ť	4.00	92	46.00		60.00		
	_	Tiburon to Sacramento, to		<u> </u>		-			PC	P	41.00		10.00				
20		San Francisco								Ť	4.00	178	89.00		134.00		
		Tiburon to Sacramento:							PC	Р	12.00			,			
24		return								Т	4.00	184	92.00		108.00		
					1												
				}													
											_						
										<u>.</u>							
(10)	SUBT	OTALS	95.38			17.85					215.00	1466	733.00		1061.23		
COL	UMN C	ODE (ACCTG USE ONLY)															
CLAIM TOTAL										1466		\$1,0	61.23				
(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS						
5/4: meetings in Sacramento; worked from Sacramento DIR office; 5/10-11: meetings in Sacram											Sacram						
woi	<u>rked fro</u>	om DIR Sacramento offic	<u>ce; 5/12:</u>	attende	<u>ed Sena</u>	<u>te Laboi</u>	<u>r & Ind</u>	<u>ustrial F</u>	<u>lel. (</u>	omi	<u>nittee h</u>	(40) 77	D (A TE) (EL	IOLE LIGEN	OE NUMBER		
ing	; worke	ed from Sacramento DIR e; 5/17-18: meetings in S	office; 5	/15: me	etings	in Sacra	mento:	Worked	1 Irol	m Sa 5/20	cramer	(13) PR	IVATE VEH	IOLE LICEN	DE NUMBER		
Ass	sembly	Sub 4 hearing: attended	State Co	mpensa	tion In	surance	Fund F	Board of	Dire	ector	. <u>auciiu</u> 'S		·				
Assembly Sub 4 hearing; attended State Compensation Insurance Fund Board of Director's meeting; 5/24: attended Senate Sub CALSTARS CODING										(14) MII	EAGE RAT	E CLAIMED	1,				
5 Open Issues hearing; worked FY INDE						J AG PCA #REF! PROJ-WF					OJ-WP	\$0.500					
from Sacramento DIR office.																	
			1	-	-							AGE!	AGENCY ACCOUNTING OFFICE ¥ USE ONLY				
										PAID BY REVOLVING FUND CHECK NO.							
(15) HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance												1					
with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt																	
re CLAIM	quiremer IANT'S S	nts as prescribed by SAM Section IGNATURE	ns 0750, 07	51, 0752. D	, 0753, an ATE	ia 0754 pe (16) SiGi	raining to NATURE	o vehicle s OFFICER	atety APPR	and s	eat beit TRAVEL	&PAYME	NT	j D.	ATE		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)													ATE				
(17) S	SPECIAL	EXPENSE AUTHORIZATION - S	SIGNATURI	E AND TI	ILE (See	item 17 ir	instructi	ons)) D.	ATÉ		

STATE OF CALIFORNIA